

## FACSIMILE COVER SHEET

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May 7, 2003

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**GROUP: 1635****FAX NUMBER: 1-703-872-9306****ATTORNEY DOCKET NO.: RTS-0235****SERIAL NO.: 09/843,377****FILED: April 26, 2001****NUMBER OF PAGES: 7**  
(including this sheet)**MESSAGE:** Attached is a Response to the Restriction Requirement dated April 8, 2003.**URGENT! PLEASE DELIVER IMMEDIATELY UPON RECEIPT. THANK YOU!**

\* \* \* \* \*

If you have any questions, or did not receive the proper number of pages, or had trouble during transmission, please call 856-810-1515.

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<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>				Docket No. RTS-0235	
Applicant(s): Bennett and Watt					
Serial No. 09/843,377	Filing Date April 26, 2001	Examiner Jon E. Angell	Group Art Unit 1635		
Invention: ANTISENSE MODULATION OF INTERFERON GAMMA RECEPTOR 2 EXPRESSION					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted. <input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	12 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
_____ Signature				Dated: May 7, 2003	
Jane Massey Licata Reg. No. 32,257 Licata & Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454					
I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.  _____ Signature of Person Mailing Correspondence  _____ Typed or Printed Name of Person Mailing Correspondence					
CC:					

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.	
Applicant(s): Bennett and Watt			RTS-0235	
Serial No. 09/843,377	Filing Date April 26, 2001	Examiner Jon E. Angell	Group Art Unit 1635	
Invention: ANTISENSE MODULATION OF INTERFERON GAMMA RECEPTOR 2 EXPRESSION				
<p>I hereby certify that this <u>Reply to Restriction Requirement</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u> )</p> <p>on <u>May 7, 2003</u> (Date)</p> <p><u>Jane Massey Licata</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u>[Signature]</u> (Signature)</p> <p>Note: Each paper must have its own certificate of mailing.</p>				